PLACE OF BIRTH	ARIZONA STATE	BOARD OF HEALTH
Jounty of Cochice	BUREAU OF VITAL STATISTICS	State Index No.
Pistrict of	ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. 7.5-8
/n of	7	Local Registrar's No
ity of	(Norphu Jum 1	( Ward)
FULL NAME OF CHILD	unce James Mad	dera Born YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.  Alive N  Sex of 7.   Twin?   ( ) Number of Legiting   Date of 2.   ( )		
Child Male . Triplet or other	and Number Legitive Date Birth	
Full FATHER Name	Madder Name Som Bi	OTHER 3
Residence Bishu Car	Residence Pish	dringen 1
olor Race While Birthday		Age at last Age at last (Years)
irthplace Suglan	Birthplace Engl	land.
Eccupation Chulm He	riller + Occupation / toma	e wife -
dumber of Child Number of this mother of this mother		ns taken against Miss —
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*		
I hereby certify that I attended the birt	n of the above child, and that it occurred on	Sept 261921, 28 A.
*When there is no attending physician or midwife, then the householder should make this return.	(Signature)(Attending physici	ian, nidwife, householder.*)
Given or Christian name added from a	Address	fee bris
upplemental report192	Filed 9 - 13 192/ WY	LOCAL REGISTRAR.
345-926-67	Filed /1/6/2/ A True Copy R 13 1	Ouper
COUNTY REGISTRAR.	- -	COUNTY REGISTRAR.